

Combined Declaration for Patent Application and Power of Attorney

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Wound drainage device

the specification of which (check one)

- [] is attached hereto;
 [] was filed in the United States under 35 U.S.C. §111 on _____, as
 U.S. Appln. No. _____ *; or
 [x] was/will be filed in the U.S. under 35 U.S.C. §371 by entry into the U.S. national stage of an international (PCT) application, PCT/NL2004/000565; filed August 11, 2004, entry requested on _____ *; national stage application received U.S. Appln. No. _____ *; §371/§102(e) date _____ *
 (* if known)

and was amended on _____ (if applicable).
(include dates of amendments under PCT Art. 19 and 34 if PCT)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and I acknowledge the duty to disclose to the Patent and Trademark Office (PTO) all information known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119 (a)-(d) and 365 (b) of any prior foreign application(s) for patent or inventor's certificate, or §365(a) of any prior PCT application(s) designating a country other than the U.S., listed below with the "Yes" box checked, and have also identified below, by checking the "No" box, any foreign application for patent or inventor's certificate or PCT international application having a filing date before that of the application on which priority is claimed:

1024315 (Number)	The Netherlands (Country)	September 17, 2003 (Day Month Year Filed)	[x] YES	[] NO
1025938 (Number)	The Netherlands (Country)	April 13, 2004 (Day Month Year Filed)	[x] YES	[] NO

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional applications listed below:

_____ (Application No.)	_____ (Day Month Year Filed)
_____ (Application No.)	_____ (Day Month Year Filed)

I hereby claim the benefit under 35 U.S.C. §120 of any prior U.S. non-provisional application(s) or under §365(c) of any prior PCT international application(s) designating the U.S., listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such U.S. or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the PTO all information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application No.)	_____ (Day Month Year Filed)	(Status: patented, pending, abandoned)
_____ (Application No.)	_____ (Day Month Year Filed)	(Status: patented, pending, abandoned)

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

All of the practitioners associated with Customer Number 27106. Direct all correspondence to the address associated with Customer Number 27106, which is presently:

**Melvin I. Stoltz, Esq.
51 Cherry Street
MILFORD, CONNECTICUT 06460
USA**

The undersigned hereby authorizes the U.S. Attorneys or Agents appointed herein to accept and follow instructions from Exter Polak & Charlois B.V., P.O. Box 3241, 2280 GE RIJSWIJK, The Netherlands as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. Attorneys or Agents and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. Attorneys or Agents appointed herein will be so notified by the undersigned.

Title: WOUND DRAINAGE DEVICE _____

U.S. Application filed _____, Serial No. _____

PCT Application filed _____, Serial No. _____

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR KORF, Jacob	INVENTOR'S SIGNATURE	DATE
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FULL NAME OF SECOND JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF THIRD JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FOURTH JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FIFTH JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SIXTH JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SEVENTH JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		